

# State of Arkansas CONTRACTORS LICENSING BOARD



## Commercial New Application

**\$100.00 Filing Fee - NON-REFUNDABLE**

*MAIL TO:*

CONTRACTORS LICENSING BOARD  
4100 RICHARDS ROAD  
NORTH LITTLE ROCK, ARKANSAS 72117  
Main Phone Number (501) 372-4661  
FAX Number (501) 372-2247  
Web Site: [www.arkansas.gov/clb](http://www.arkansas.gov/clb)

**PLEASE READ THE INSTRUCTIONS (page 2) BEFORE COMPLETING THE APPLICATION**

Effective Date 2/2014 (Commercial New App)

# COMMERCIAL INSTRUCTIONS / CHECKLIST

Your completed application must be in this office ten (10) business days prior to a board meeting to be reviewed. If your application is not complete, you have 90 days from the date we receive the application to send the missing items. After the 90 days, another application and filing fee will be required. By getting a commercial license you automatically qualify to do residential work in the same classification(s) as those listed on the commercial license.

1. Complete Application. (All lines need to be filled in, if one does not apply to you enter "N/A")
  - (a) Pages 3, 4, 8 and 9 completed.
  - (b) Appropriate business style affidavit and affidavit regarding bidding signed and notarized (pages 10 and 11). We cannot accept a notarized statement more than 90 days old.
2. \$100.00 filing fee made payable to the Contractors Licensing Board. (NON-REFUNDABLE)
3. Three (3) written references (pages 5, 6 and 7 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. The purpose of these references is to verify you have at least five (5) years of the required experience to receive the classification(s) you have requested. Please refer to page 4 of this application or to the blue booklet (Act 150) if you have any questions about the classification(s). **THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.**
4. Copy of the Arkansas Business and Law test score. **The license can be approved but not released without this passing test score. Please refer to page 16 & 17 for more information about the test.**
5. Fully executed \$10,000.00 Contractor's Bond. **The license can be approved but not released without the bond. Please refer to pages 14 & 15 for more information about the bond.**
- 6a). A reviewed or audited financial statement must be submitted. **COMPILATIONS WILL NOT BE ACCEPTED. THERE ARE NO EXCEPTIONS. The date the review or audit was prepared for, not the date the financial was signed must be less than one year old.** (The expiration date of your license will be determined by the date of the financial statement submitted.) The reviewed or audited financial statement must include:
  - (1) reviewed or audited opinion letter from an Independent CPA;
  - (2) balance sheet prepared in the "percentage of completion" or "completed contract method".  
**DO NOT SUBMIT AN INCOME TAX BASIS FINANCIAL STATEMENT;**
  - (3) all footnotes to the balance sheet (See Ark. Code Ann. 17-25-304)
- 6b). REFER TO Rules and Regulations Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and **cannot be a stockholder note to the company or receivables.** See net worth requirements in Rules and Regulations Act 150 (224-25-6 (c)). **Example: If asking for the Building classification, the net worth requirement is \$50,000 half of that \$25,000 will need to be cash in the bank. If asking for a specialty classification (s), the net worth requirement is \$5,000 half of that \$2,500 will need to be cash in the bank.**
7. If applying as a Corporation, LLC, or LP, we will need a copy of the Articles/Filings from your entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.
8. **If the applicant has employees:** You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**
9. **If the applicant is also applying for a Residential License with a classification different from that of the commercial license:** The applicant will need to complete the New Application for a Residential License. No additional fee or test is required, but the application must be completed and references given for the appropriate classification requested to work in the Residential industry.

**Do not write in this space - CLB OFFICAL USE ONLY**

Filing Fee: \_\_\_\_\_

ID#: \_\_\_\_\_

# Commercial New Application

**PRINT NAME OF COMPANY OR NAME OF INDIVIDUAL (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH IT TO APPEAR ON LICENSE. IF YOU ARE APPLYING AS A CORPORATION, LLC, OR LLP YOU MUST USE THE EXACT NAME AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER THE EXACT NAME SHOWN UPON THEIR LICENSE**

**ANSWER ALL OF THE FOLLOWING QUESTIONS, IF A QUESTION DOES NOT APPLY TO YOU ENTER "N/A":**

Company or Individual Name \_\_\_\_\_

D/B/A Name \_\_\_\_\_  
(Doing Business As) (If Applicable)

Indicate the type of entity seeking a license by circling one of the choices below:

**INDIVIDUAL   CORPORATION   PARTNERSHIP   LLC   LP   OTHER**\_\_\_\_\_

If applying as Corporation / LLC, list the Federal ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County/Parish \_\_\_\_\_ Company Tax Year End \_\_\_\_\_

Name of Person to Contact with Any Questions \_\_\_\_\_

Contact Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Complete the following with information for the person that will take or has taken the  
Business & Law Exam**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

How long have you been with this company? \_\_\_\_\_ Position held with this company \_\_\_\_\_

Check one of the following: \_\_\_\_\_ Full time paid employee (with W-2 income)  
\_\_\_\_\_ Officer, member, or partner of the company and is actively  
involved in the day to day operations  
\_\_\_\_\_ Sole Owner

Effective Date 2/2014 (Commercial New App)

# CLASSIFICATIONS

If you are applying for one of our “MAJOR” CLASSIFICATIONS listed below please indicate by circling that class. A description of each class can be found in our Arkansas State Licensing Law for Commercial Contractors Regulation 224-25-5(i) of Act 150.

**\*\*Note\*\*** The “mechanical” and “electrical” classifications require certain Arkansas trade license(s).

Heavy Construction

Municipal & Utility

Highway, Railroad & Airport

Building (Commercial & Residential)

Light Building (Commercial & Residential)

Mechanical (*Arkansas trade licenses required*)

Electrical (*Arkansas trade license required*)

If a “SPECIALTY(s)” is requested list each specialty class below:

(See Regulation 224-25-5(i)(8) of Act 150 for a list of specialty(s).)

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What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific) \_\_\_\_\_

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If any of the following classifications are being requested then attach a copy of your Arkansas trade license/certificate.

Asbestos

Boiler Construction or Repair

Electrical

Elevator

Fire & Burglar Alarm

Fire Sprinkler

Gas Fitter

HVACR

Landscaping w/planting

Lead Abatement

Plumbing

Refrigeration & Cold Storage

Sheet Metal, Ducts

Underground Storage Tank

Water Wells

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one attach information separately).

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

How long have you been with this company? \_\_\_\_\_ Position held with this company \_\_\_\_\_

Check one of the following: \_\_\_\_\_ Full time paid employee (with W-2 income)

\_\_\_\_\_ Officer, member, or partner of the company and is actively involved in the day to day operations

\_\_\_\_\_ Sole Owner

Verify five (5) years appropriate experience on each reference (pages 5, 6, and 7) for each classification requested.

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly. )*

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

**THE PURPOSE OF THIS FORM  
IS TO VERIFY WORK  
EXPERIENCE, NOT CREDIT  
HISTORY.**

1. Yes \_\_\_ No \_\_\_ Are you related or affiliated to the owners of the company or any of the employees?  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: \_\_\_\_\_
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? \_\_\_\_\_
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: \_\_\_\_\_  
\_\_\_\_\_
5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific—list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).  
\_\_\_\_\_  
\_\_\_\_\_
6. Yes \_\_\_ No \_\_\_ Has this company or individual ever failed to complete a project or job that you are aware of? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.  
\_\_\_\_\_  
\_\_\_\_\_
8. Yes \_\_\_ No \_\_\_ Would you recommend this individual or company to be a licensed contractor? If the answer is no, why?  
\_\_\_\_\_  
\_\_\_\_\_
9. Yes \_\_\_ No \_\_\_ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.**

Reference givers name & address: (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)*

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

**THE PURPOSE OF THIS FORM  
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EXPERIENCE, NOT CREDIT  
HISTORY.**

1. Yes \_\_\_ No \_\_\_ Are you related or affiliated to the owners of the company or any of the employees?  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: \_\_\_\_\_
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? \_\_\_\_\_
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: \_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.  
\_\_\_\_\_  
\_\_\_\_\_
8. Yes \_\_\_ No \_\_\_ Would you recommend this individual or company to be a licensed contractor? If the answer is no, why?  
\_\_\_\_\_  
\_\_\_\_\_
9. Yes \_\_\_ No \_\_\_ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.**

Reference givers name & address: (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)*

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

**THE PURPOSE OF THIS FORM  
IS TO VERIFY WORK  
EXPERIENCE, NOT CREDIT  
HISTORY.**

1. Yes \_\_\_ No \_\_\_ Are you related or affiliated to the owners of the company or any of the employees?  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: \_\_\_\_\_
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? \_\_\_\_\_
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: \_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
6. Yes \_\_\_ No \_\_\_ Has this company or individual ever failed to complete a project or job that you are aware of? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.  
\_\_\_\_\_  
\_\_\_\_\_
8. Yes \_\_\_ No \_\_\_ Would you recommend this individual or company to be a licensed contractor? If the answer is no, why?  
\_\_\_\_\_  
\_\_\_\_\_
9. Yes \_\_\_ No \_\_\_ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.**

Reference givers name & address: (Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# APPLICANT'S INFORMATION

**Note: The Word "You" means, for the purpose of the following questions, this organization, any officer of the company, the qualifier of this company, you, or anyone who owns 10% or more of the entity.**

1. Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL    CORPORATION    PARTNERSHIP    LLC    LP    OTHER\_\_\_\_\_

2. How long has your organization been in business as a contractor under your present business name?\_\_\_\_\_

3. How many years of work experience does the trade or classification qualifier for this license have? \_\_\_\_\_

Yes\_\_\_ No\_\_\_ 4. Have you ever failed to complete any work awarded to you? (See definition of "you" above) **If yes, attach separately a statement of circumstance.**

Yes\_\_\_ No\_\_\_ 5. Have you ever been an investor, partner or officer of some other organization that failed to complete a construction contract? (See definition of "you" above) **If yes, attach separately the name of the individual, other organization and reason for failure.**

Yes\_\_\_ No\_\_\_ 6. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of "you" above) **If yes, attach and an explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors and a copy of the bankruptcy discharge.**

Yes\_\_\_ No\_\_\_ 7. Have you ever been convicted of a felony? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 8. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 9. Have you ever had a contractors license or been associated with a contractors license in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes\_\_\_ No\_\_\_ 10. Have you ever been penalized, or disciplined by the Arkansas Contractors Licensing Board or the Arkansas Residential Committee? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 11. Have you ever had a contractors license revoked, suspended or surrendered in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes\_\_\_ No\_\_\_ 12. Do you knowingly employ any individual(s) without legal authority to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 13. Do you knowingly hire workers, as independent contractor(s), who do not have legal authority to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 14. Are you legally authorized to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 15. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors, of workers without legal authority to work in the United States can lead to the revocation of your contractor's license in the State of Arkansas? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 16. Does this applicant have any employees?

Yes\_\_\_ No\_\_\_ 17. Does the applicant have Workers Compensation Insurance?



**CORPORATION, LLC, or LP DATA:**

Date Company Incorporated \_\_\_\_\_

\* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity \_\_\_\_\_  
(\*This process must be completed before you begin work in the State of Arkansas if you are a foreign entity.)

President _____	SSN _____
Vice-President _____	SSN _____
Secretary _____	SSN _____
Treasurer _____	SSN _____

***OR***

**PARTNERSHIP DATA:**

Date Partnership Formed \_\_\_\_\_

State whether partnership is general, limited or associated: \_\_\_\_\_

\_\_\_\_\_

**List all stockholders, members, or partners who own 10% or more interest in this entity (please print each name) along with their Social Security number or EIN# if a Company or LLC.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, \_\_\_\_\_, being duly sworn/affirmed, state under oath:

(Name of Owner/Officer/Member/Partner)

That I am \_\_\_\_\_ of \_\_\_\_\_;

(Position held)

(Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

\_\_\_\_\_  
(Applicant Signature Here)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & **Seal**

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# AFFIDAVIT FOR INDIVIDUAL

I, \_\_\_\_\_ being duly sworn/affirmed, states under oath:

(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

\_\_\_\_\_  
(Applicant Signature Here)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & **Seal**

# ***AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK COMMERCIAL NEW APPLICATION***

I, \_\_\_\_\_, being duly sworn/affirmed, states under oath: that, he or she is  
(Name of Owner/Partner/Officer/Member)  
\_\_\_\_\_ of \_\_\_\_\_;  
(Position Held) (Company Name)

the applicant named herein; that with respect to any **Commercial** contract work in the State of Arkansas in the amount of \$20,000.00 or more, including but not limited to labor and materials.

The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued to the applicant.

\_\_\_\_\_  
(Signature of individual owner, partner, member or a responsible officer)

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & **Seal**

**IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.**

**IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.**

**List Project Name & Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When Project Started:** \_\_\_\_\_

**When Project Completed:** \_\_\_\_\_

**Dollar Amount of Project:** \_\_\_\_\_

***\*\*\*The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of your license.\*\*\****

This affidavit does not apply to bids offered to the Arkansas State Highway Department for work on Federal aid highway projects.

# CHECKLIST OF HELPFUL NUMBERS

Revised 1/2014

## *FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS*

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE  
WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

### **CONTRACTORS LICENSE**

Contractors Licensing Board  
4100 Richards Road  
North Little Rock, AR 72117  
Telephone: (501) 372-4661

### **CORPORATE FRANCHISE TAX**

Note: All Corporations are required  
to register and pay franchise  
taxes.

Secretary of State  
Victory Building, Ste 250  
1401 W Capitol  
Little Rock, AR 72201  
Telephone: (501) 682-3409

### **INDIVIDUAL INCOME TAX**

Individual Income Tax Section  
Revenue Division  
Department of Finance & Admin.  
P O Box 3628  
Little Rock, AR 72203  
Telephone: (501) 682-7272

### **CORPORATE INCOME TAX**

Corporation Income Tax Section  
Revenue Division  
Department of Finance & Admin.  
P O Box 919  
Little Rock, AR 72203  
Telephone: (501) 682-4775

### **SALES & USE TAXES**

Sales and Use Tax Section-Revenue Division  
Department of Finance & Admin.  
P O Box 1272  
Little Rock, AR 72203  
Telephone: (501) 682-7104

### **UNEMPLOYMENT COMPENSATION**

Department of Workforce Services  
P O Box 2981  
Little Rock, AR 72203  
Telephone: (501) 682-2121 or  
1-855-225-4440

### **WORKERS COMPENSATION**

Arkansas Workers Compensation  
Commission  
4th & Spring Streets, PO Box 950  
Little Rock, AR 72203-0950  
Telephone: (501) 682-3930 or  
(800) 250-2511

### **LABOR STANDARDS**

Labor Standards Administrator-Arkansas Dept. of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4501

### **ONLINE DIRECTORY**

[www.arkansas.gov/directory](http://www.arkansas.gov/directory) or  
State Information 501-682-3000

**\*\*UNDERGROUND STORAGE TANKS,  
ASBESTOS**

Arkansas Department of Environmental Quality  
8001 National Drive, PO Box 8913  
Little Rock, AR 72219-8913  
Telephone: (501) 682-0999 or (501) 682-0718

**\*\*LEAD ABATEMENT**

Arkansas Department of Health  
4815 West Markham Slot-32  
Little Rock, AR 72205-3867  
Telephone: (501) 671-1472

**\*\*PLUMBING, GAS FITTERS  
HVACR, SHEET METAL,  
REFRIGERATION & COLD STORAGE**

Arkansas State Health Department  
Plumbing & Natural Gas Division  
4815 West Markham Slot #24  
Little Rock, AR 72205-3867  
Telephone: (501) 661-2642

**\*\*FIRE & BURGLAR ALARMS**

Arkansas Board of Private Investigators and Private Security  
Agencies C/O Arkansas State Police  
1 State Police Plaza Drive  
Little Rock, AR 72209  
Telephone: (501) 618-8600

**\*\*SPRINKLERS**

Arkansas Fire Protection Board  
7509 Cantrell Road Suite 103A  
Little Rock, AR 72207  
Telephone: (501) 661-7903

**\*\*ELECTRICAL**

Board of Electrical Examiners – Dept of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4549

**\*\*ELEVATOR SAFETY**

Safety Division-Arkansas Department of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4530

**\*\*BOILERS**

Boiler Division - Arkansas Department of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4513

**\*\*LANDSCAPING w/PLANTING**

Arkansas State Plant Board  
1 Natural Resources Drive  
Little Rock, AR 72205  
Telephone: (501) 225-1598

**\*\*WATER WELLS**

Arkansas Water Well Commission  
101 E Capitol, Ste 350  
Little Rock, AR 72201  
Telephone: (501) 682-1025 or (501) 682-3900

**PLEASE NOTE:** *This list may not include all of the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to any other agencies which you may need to contact due to the special nature of your business.*

*\*\*Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency's law. Performing any of the following type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.*

## INSTRUCTIONS FOR COMPLETION OF THE \$10,000 CONTRACTORS BOND

This bond is required only of applicants for a **commercial license**.

**Only this prescribed form will be accepted.** Any alterations to this form must have prior approval from the Contractors Licensing Board.

Your company name (Principal) **must match exactly** as it will appear, or does appear, on your Contractors License.

An owner, officer, member or partner must sign the bond form as Principal before mailing.

**All** Principal, Surety and Agent information requested on this form must be provided.

Any change in your Federal Employer Identification Number requires a new bond to be executed. Any change in your address requires an endorsement rider from your agent. Any change in your company's name will require other documentation, **\*\*please call for instructions first.**

**\*\*If you are having difficulties obtaining this bond, contact Phyllis Isham at 501-371-1505 or [phyllis.isham@arkansas.gov](mailto:phyllis.isham@arkansas.gov) for more information.\*\***

### **ATTENTION AGENTS**

An Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department must execute this bond. A copy of your license must be attached.

The bond may be executed solely by the surety company. An underwriter that works directly for the surety need only to sign as Attorney-in-Fact and type under your signature that you are a "direct underwriter".

**\*\*Contact Phyllis Isham at 501-371-1505 or [phyllis.isham@arkansas.gov](mailto:phyllis.isham@arkansas.gov) for more information.**



## \$10,000 CONTRACTOR'S BOND

Required by A.C.A. § 17-25-401

Effective Date \_\_\_\_\_

STATE OF ARKANSAS

Bond Number \_\_\_\_\_

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas:

NOW, therefore, we, the undersigned, \_\_\_\_\_  
Principal's Company Name as You Will Be Licensed

Principal Business Address (Physical) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

as principal, and \_\_\_\_\_  
Surety's Name

Surety Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

as surety, are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars (\$10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the principal and to the State (Contractors Licensing Board).

\_\_\_\_\_  
*Agent's/Broker's/Producer's Company Name*

\_\_\_\_\_  
*Principal's Signature (Owner, Officer, Partner, Member)*

\_\_\_\_\_  
*Mailing Address and Telephone Number*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*City/State/Zip Code*

\_\_\_\_\_  
*Principal's Federal I.D. and/or Social Security Number*

\_\_\_\_\_  
*\*\*Agent's/Broker's/Producer's Signature\*\**

\_\_\_\_\_  
*Attorney-in-Fact's Signature*

**\*\*This bond shall be executed by an agency, agent, broker or producer that is properly licensed with the Arkansas Insurance Department, a copy of such license must be attached.\*\***

**MAIL ORIGINAL BOND AND ITS POWER OF ATTORNEY TO:**  
**Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117**

# Arkansas Business & Law Test (Instructions)

**The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.**

## Registration Instructions:

1. Call 1-888-763-0131 or visit [www.experioronline.com](http://www.experioronline.com)
2. Register for **ARO4 Program name**.
3. **Exam Code 100**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. – 8:00 p.m., Sat 8:00 a.m. – 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account. (Have a check ready for relaying the appropriate numbers)  
The charge for the test is \$80.00.
7. You will receive a confirmation number and directions to the testing center.  
(Note these at the bottom of this page for your references)
8. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available directly from the Publisher, call (623) 587-9519 or complete the order form on the next page.
10. No handwritten or additional notes are allowed in the reference book (No Letters, words, diagrams, etc.) Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed. **Permanent tabs can be purchased at <http://www.nascla.org/tabs-arkansas> for \$9.99**

On the day of your examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before your test begins. You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc., and your Contractors Guide to Business, Law and Project Management, Arkansas Edition.

- PLEASE BE ADVISED:**
- a) You may be given extra manuals when you arrive to take the test. You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
  - b) Verify your exam code before you take the test.
  - c) **Have PROMETRIC send the results to YOU.** If you request your results be sent to our offices it could take weeks to get to us, which could postpone the approval and release of your license. When you receive them forward them onto us via USPS or fax them to 501-372-2247.

**Confirmation Number:**

**Appointment Date:**

**Appointment Time:**

**Testing Site:**

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## NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION

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